

Application for Child Support Services



Welcome!

New York's Child Support Program works with parents and guardians to strengthen families and provide children with the financial and medical support they need.

To start the application process:

1. Review the **Important Information about Child Support Services**, pages 1-4, and keep this document for your records.
2. Complete and sign **Part A – Application** (pages A-1 through A-4).
You must sign the Application to receive Child Support Services.
3. Complete **Part B – Child Information** (pages B-1 through B-2) for each child (up to two children) with the Other Party named in this application.
4. If you have more than two (2) children with the Other Party named in this application, obtain and complete the separate form, **Additional Child Information (LDSS-5143B)** for each additional child or photocopy **page B-1 of Part B**.
5. Review **Part C – Supporting Documentation** (page C-1) and submit copies of all relevant documents with your application.

Important Information about Child Support Services

Please read and keep pages 1-4 for your records.

Definitions

Child – an individual under age 21 for whom support is sought.

Custodial Parent – the parent with primary care and custody of the child. In equal shared custody cases, this is the parent eligible to receive child support.

Guardian – a nonparent caregiver with physical custody of at least one child under age 21. If the child lives with the guardian on a day-to-day basis, the guardian has physical custody of the child.

Noncustodial Parent – the parent obligated to pay child support.

Alleged Parent – the person who may be the child's genetic parent but who has not yet been legally declared to be the parent.

Intended Parent – an individual who intends to be legally bound as the parent of a child resulting from assisted reproduction.

Eligibility

In New York State, both parents are required to support their child until the child is 21 years of age. Any **parent or guardian** of at least one child under age 21 can apply for child support services. A **child** under age 21 or a **noncustodial parent, alleged parent, or intended parent** may also apply for child support services.

Safeguarding Confidentiality

The Child Support Program is required to safeguard the privacy, integrity, access to, and use of your personal information (including case data kept in the computer system of the Child Support Program). We share your address and other identifying information with other State and federal agencies only for child support purposes or as otherwise permitted by law. **Information can only be released to authorized persons for reasons authorized by law.**

Use of Social Security Numbers: Title IV-D of the Social Security Act requires that Social Security numbers be used only for locating parents, establishing paternity or parentage, and/or establishing, modifying, and enforcing an order of support; the administration of certain public benefit programs; or as otherwise permitted by law. In addition, Social Security numbers will be subject to verification through the Social Security Administration.

Safety Concerns

Please be sure to read and answer the Safety Concerns question on page A-1 of Part A - Application. If you check YES to the question, your local Child Support Program office will discuss your concerns with you and can assist you with filing an Address Confidentiality Affidavit with the court. We can also assist in preventing your address from appearing on documents we send to the court. We will prohibit disclosure of location information **at your request**, or if we learn:

- You are residing in a domestic violence shelter;
- You have an order of protection involving the Other Party;
- You have a domestic violence referral or other written statement from a public or private service provider; or
- A court has determined that contact with the Other Party creates a risk of physical or emotional harm to you or the child.

Services

The Child Support Program will provide the child support services appropriate for your case pursuant to federal and New York State law, regulation, and policy. With your assistance and cooperation, services may be provided to you for as long as child support payments are due and owing. The following services are provided, as appropriate:

- **Location** of the Other Party, including obtaining information about addresses, employment, other sources of income and assets, and health care coverage;
- **Establishment of Parentage** for a child through the voluntary acknowledgment process or through a court-based process;
- **Establishment** and/or **Modification** of an order of support, including establishment of health insurance coverage or cash medical support, if available, from either parent;
- **Collection** and **Distribution** of child support or combined child and spousal support made payable through the Support Collection Unit, including educational expenses, child care expenses, and cash medical support;
- **Enforcement of Support Obligations** through income withholding from wages, benefits, or other income; federal and State tax refund intercept; seizure of assets and lottery winnings; credit bureau reporting; suspension of the noncustodial parent's New York State driver license; and referral to the New York State Department of Taxation and Finance for collection. Court-ordered health insurance benefits are also enforced by the Child Support Program;
- Filing and prosecuting **Violation Petitions**; and
- Assistance with making an **existing order of support** payable through the Support Collection Unit.

All services listed above are also provided to parents who live in other counties, states, and some countries.

Your child support case may be closed for reasons including, but not limited to:

- Parentage cannot be established;
- The Other Party cannot be located after diligent effort or is incarcerated with no chance of parole, permanently disabled with no ability to pay support, or institutionalized;
- The recipient of services fails to cooperate or provide information that is essential to the next step in providing services;
- The recipient of services makes a written or verbal request to close the case; or
- The Child Support Program is unable to contact the recipient of services.

Parentage Establishment

Establishing parentage is the process of determining the legal parents of a child. Being the legal parent means that you have parental rights and responsibilities to your child, such as the right to seek custody or visitation and the responsibility for your child's care and support, including financial and medical support. An alleged or intended parent does not have any rights or responsibilities to the child until parentage is established.

In New York State, parentage may be established in any of the following ways:

- Using the voluntary acknowledgment process.
- Filing a petition with the Family Court to have the court determine paternity and issue an Order of Filiation, or filing a petition for the court to determine parentage and issue a Judgment of Parentage.
- By a surrogacy agreement, or in a record showing the consent of the parents to use assisted reproduction.

Child Support Obligations

The basic child support obligation includes a percentage-based obligation, a provision for health insurance coverage and/or cash medical support, child care expenses, and educational expenses for the child, if determined by the court (Family Court Act § 413 and Domestic Relations Law § 240).

Child Support Percentages

1 child	17%
2 children	25%
3 children	29%
4 children	31%
5 or more	at least 35%

The percentage guideline is applied to combined parental income up to \$154,000. Above \$154,000 (which will increase in 2022 and every two years thereafter with changes in the Consumer Price Index for All Urban Consumers [CPI-U]) the court determines whether to use the percentage guideline. The court may deviate from the percentage-based obligation based on the factors set forth in Family Court Act § 413(1)(f) and Domestic Relations Law § 240(1-b)(f).

Low Income Obligation: If the noncustodial parent's income is determined to be at or below the federal poverty level for a single person, the presumptive support amount is \$25 per month. When income is at or below the self-support reserve (135% of the federal poverty level), but above the federal poverty level, the presumptive support amount is \$50 per month.

Cost of Living Adjustment (COLA): An order is eligible for COLA when it is at least two (2) years old and the sum of the average annual percentage change in the CPI-U is equal to or greater than ten (10) percent since the order was issued, last modified, or last adjusted. Every two years your account will be reviewed to determine whether your order is eligible for a COLA. COLA adjustments are made without going to court. A notice is sent to both parties when an order is eligible for a COLA, and either party may request the adjustment.

Modification of Orders: The Child Support Program can assist you in filing a petition to modify your order of support, if needed. Either party has the right to seek a modification of the order of support based upon a showing of a substantial change in circumstances or other conditions provided in Family Court Act § 451 (2)(b).

Rights to Information Regarding Legal Proceedings: You have the right to be kept informed of the time, date, and place of any court proceedings involving you. You will be provided with a copy of any order establishing, modifying, adjusting, or enforcing an order of support, or any order dismissing the petition.

Distribution of Payments

Support payments are distributed according to federal and New York State distribution rules.

- **If the custodial parent has never received Temporary Assistance**, they will receive all support that is collected and due, except for the Annual Service Fee and the recovery of costs for legal services, if applicable.
- **If the custodial parent formerly received Temporary Assistance**, child support collections received will first be used to pay current support followed by payments for support arrears/past due support owed to the custodial parent and then to support arrears/past due support due to the social services district. Collections received from federal tax refund offset will first be paid to satisfy any support arrears/past due support due the social services district and then to support arrears/past due support owed to the custodial parent.

Recoupment of Overpayments

The Child Support Program collects child support payments on your behalf and sends them to you. In rare instances, an overpayment may occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. If these situations occur:

- It is your responsibility to return or repay these funds.
- We will contact you to arrange for repayment of the amount overpaid either in a lump sum payment or, at your request by withholding twenty-five (25) percent of collections until the overpayment is repaid.

Legal Services

Applicants may request legal services to establish parentage or to establish, modify, or enforce a child support order. If you request legal services, you will be advised by the Child Support Program of the cost of such services, which vary by local Child Support Program office (see next section).

- The attorney assigned to your case is the legal representative of the Commissioner of the social services district and **does not represent you personally**.
- Matters of custody or visitation, negotiation or drafting of surrogacy agreements, or other issues not related to child support **will not** be handled by the attorney of the social services district.
- Any information, written or oral, which you provide to the social services district's attorney or staff **may not remain confidential**, including information indicating welfare fraud or child abuse.

Cost Recovery for Legal Services

Legal services are provided to applicants upon completion of the *Right to Recovery Agreement for Legal Services* (LDSS-4920).

- Costs for legal services will be recovered from support collected by the Child Support Program at the rate of 25% of your current support obligation.
- If you are the noncustodial parent, the cost for legal services will be recovered at the rate of 25% of the current support obligation or payment you are required to make, and will be added to the support obligation that you pay until the cost is reimbursed.
- All support arrears/past due support will be paid in full before costs for legal services are settled.

Annual Service Fee

If the custodial parent is receiving child support services and has never received assistance through the Temporary Assistance for Needy Families (TANF) program in New York State or any other state, and child support is being paid to the family, an annual service fee of \$35 will be assessed if more than \$550 of support is collected during the federal fiscal year (October 1 – September 30). If the custodial parent has child support accounts with more than one noncustodial parent on which more than \$550 is collected, separate \$35 fees will be assessed for each account.

Customer Service

You may obtain additional information about child support as well as payment and account information online at childsupport.ny.gov or by calling the **New York State Child Support Helpline at 888-208-4485** (TTY: 866-875-9975 – Relay Service <http://www.fcc.gov/encyclopedia/trs-providers>). A personal identification number (PIN) is required to set up your online child support account. You will receive your PIN by mail when your child support account is established.

It is in your best interest to regularly check your account to ensure that your payments are received on time and in full. **You must keep your address and contact information up to date**, which you may do by calling the Child Support Helpline or by contacting your local Child Support Program office. The contact information for your local Child Support Program office, including an email link, can be found at <https://www.childsupport.ny.gov/DCSE/LocalOffices>.

Nondiscrimination Notice

New York State prohibits discrimination based on race, color, national origin, disability, age, sex, and in some cases, religion or political beliefs. New York State additionally prohibits discrimination based on gender identity, transgender status, gender dysphoria, sexual orientation, marital status, domestic violence victim status, pregnancy-related conditions, predisposing genetic characteristics, prior arrest or conviction record, familial status, and retaliation for opposing unlawful discriminatory practices. For more information about how to file a discrimination complaint, please visit childsupport.ny.gov.

Contact information

Home Phone # Cell Phone # Other Phone # Email Address

Preference Home Cell Other **Best time to call** Morning Afternoon

Secondary Contact

First Middle Last Suffix Relationship

Street City State ZIP Phone #

Marital Status to Other Party

Were you ever married to the Other Party? Yes No Date of Marriage

Place of Marriage City State Country

Separated Date of Legal Separation Name of Court State

Divorced Date of Divorce Name of Court State

Divorce Pending Name of Court State

Marital Status to Someone other than Other Party

Has the Applicant ever been married to someone other than the Other Party of the child named in this application? Yes No

From To Name of Spouse

From To Name of Spouse

Health Care Coverage Information

Does the Applicant's employer/organization offer or provide health insurance benefits? Yes No Unknown

Is the Applicant enrolled? Yes (specify): Individual Coverage Family Coverage

No

Unknown

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Marital Status to Someone other than Applicant

Is the Other Party married to someone other than the Applicant? Yes No

Name of Spouse Address

Email Address Phone #

Incarceration Status

Is the Other Party incarcerated? Yes No Unknown

Name of Facility Inmate #

Facility Address City State ZIP Country

Health Care Coverage Information

Does the Other Party's employer/organization offer or provide health insurance benefits? Yes No Unknown

Is the Other Party enrolled? Yes (specify): Individual Coverage Family Coverage No Unknown

Vehicle Information

Make Model Year Color

Own Lease Business Vehicle License Plate State

Additional Information (e.g., assets, other contacts)

Application/Affirmation for Child Support Services

By signing below, I understand and agree that:

I am applying for Child Support Services pursuant to New York State Social Services Law Section 111-g and under Title IV-D of the federal Social Security Act. I hereby subscribe and affirm under penalty of perjury that the information I have provided in this application and any accompanying documents has been examined by me and to the best of my knowledge and belief is true and correct. I will cooperate with the Child Support Program in its efforts to provide services, and I agree to tell my local Child Support Program office immediately of any new or changed information that relates to the information I have provided.

I will not accept court-ordered child support payments directly from the noncustodial parent or, if any are received, I will immediately forward them to the New York State Child Support Processing Center, P.O. Box 15363, Albany, NY, 12212-5363.

I have received the **Important Information about Child Support Services** which includes information about the recoupment of overpayments. I understand that in rare instances an overpayment can occur due to a misdirected payment (money is sent to the wrong person) or an unfunded payment (payment is returned unpaid by the remitter's bank), among other reasons. I further understand it is my responsibility to return or repay these funds and you will contact me to request reimbursement. I may repay the overpayment amount in one lump sum payment or I may request you withhold twenty-five percent (25%) of collections until the overpayment is repaid. Consent to withhold 25% of future collections is optional.

I understand that the Child Support Program may send correspondence electronically, including, by email, text messages or other available methods. To ensure confidentiality, I understand that it is my responsibility to provide a secure, valid, and active email address and cell phone number, and to notify the local Child Support Program office if this information changes.

Check this box if you do **not** wish to receive correspondence electronically.

Check this box if you wish to request legal services. A Right to Recovery Agreement for Legal Services (LDSS-4920) will be provided to you for completion.

Signature of Applicant

Date of Application

Print Name

For Agency Use Only

Date Application Received

NY Case Identifier

Worker Code

Reminder: review **Safety Concerns** on page A-1 and evaluate need for FVI.

Part B – Child Information
(for each child with the Other Party)

Name of Child #01

First Middle Last Suffix

SSN/ITIN

Gender

Female Male Non-Binary/Other

Date of Birth (Month/Day/Year)

Due Date

Unborn

Name of Parent

Parent 1 First Middle Last

Parent 2 First Middle Last

Child's Birthplace

Hospital City State Country

Other Party's Relationship to the Child

Parent Stepparent Alleged Parent Intended Parent

Parents' Marital Status

Were the parents listed above married at or after the time of the child's birth?

Yes, to each other Yes, but not to each other No Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Parentage Establishment** questions.

Parentage Establishment

Was parentage established?

Yes - Complete the **Parentage Establishment** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

No - Go to the **State of Jurisdiction** questions.

Unknown - Go to the **State of Jurisdiction** questions.

How was parentage established?

Established in Court on Name of Court

Acknowledgment of Paternity/Parentage on Surrogacy/assisted reproduction agreement

In what county, state, and country was parentage established?

County State Country

Where was the child conceived? State Country

State of Jurisdiction

Did the Alleged Parent/Intended Parent provide prenatal expenses or support for the child? Yes No Unknown

Did the Alleged Parent/Intended Parent reside with the child in New York State? Yes No Unknown

Does the child reside in New York State as the result of acts or directives of the Alleged Parent/Intended Parent? Yes No Unknown

Order of Support Information

Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order?

Is health insurance ordered? Yes No Unknown

Obligation Amount

\$ Weekly Every two weeks Monthly Twice per month Other

Court that Issued the Order

Family Supreme Other

County State Country

Health Care Coverage Information

Does the child have health care coverage? Yes No Unknown

If "Yes," identify the type of coverage: Private – Go to **Health Insurance Benefits** questions.

Public – Go to **Public Health Care Coverage** questions.

Health Insurance Benefits

Who provides the child's private health care coverage?

Custodial Parent Guardian Noncustodial Parent/Alleged Parent/ Intended Parent Stepparent Unknown Other

Name of Health Insurance Carrier Policy # Group #

Street Floor/Apt./Suite City State ZIP

Public Health Care Coverage

Indicate the type of public health care coverage:

Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$

Other

Part B – Child Information (continued)**Name of Child #02**

First Middle Last Suffix

SSN/ITIN**Gender**

Female Male Non-Binary/Other

Date of Birth (Month/Day/Year)**Due Date**

Unborn

Name of Parent

Parent 1 First Middle Last

Parent 2 First Middle Last

Child's Birthplace

Hospital City State Country

Other Party's Relationship to the Child

Parent Stepparent Alleged Parent Intended Parent

Parents' Marital Status

Were the parents listed above married at or after the time of the child's birth?

Yes, to each other Yes, but not to each other No Unknown

If **Yes, to each other**, go to the **Order of Support Information** questions. **Otherwise**, go to the **Parentage Establishment** questions.

Parentage Establishment

Was parentage established?

Yes - Complete the **Parentage Establishment** questions.

You **do not** need to complete the **State of Jurisdiction** questions.

No - Go to the **State of Jurisdiction** questions.

Unknown - Go to the **State of Jurisdiction** questions.

How was parentage established?

Established in Court on Name of Court

Acknowledgment of Paternity/Parentage on Surrogacy/assisted reproduction agreement

In what county, state, and country was parentage established?

County State Country

Where was the child conceived? State Country

State of Jurisdiction

Did the Alleged Parent/Intended Parent provide prenatal expenses or support for the child? Yes No Unknown

Did the Alleged Parent/Intended Parent reside with the child in New York State? Yes No Unknown

Does the child reside in New York State as the result of acts or directives of the Alleged Parent/Intended Parent? Yes No Unknown

Order of Support Information

Is there an order of support for this child? Yes No Unknown If "Yes," what is the date of the order?

Is health insurance ordered? Yes No Unknown

Obligation Amount

\$ Weekly Every two weeks Monthly Twice per month Other

Court that Issued the Order

Family Supreme Other

County State Country

Health Care Coverage Information

Does the child have health care coverage? Yes No Unknown

If "Yes," identify the type of coverage: Private – Go to **Health Insurance Benefits** questions.

Public – Go to **Public Health Care Coverage** questions.

Health Insurance Benefits

Who provides the child's private health care coverage?

Custodial Parent Guardian Noncustodial Parent/Alleged Parent/Intended Parent Stepparent Unknown Other

Name of Health Insurance Carrier Policy # Group #

Street Floor/Apt./Suite City State ZIP

Public Health Care Coverage

Indicate the type of public health care coverage:

Medicaid Child Health Plus (CHPlus) CHPlus monthly contribution: \$

Other

Part C – Supporting Documentation

Please provide **copies** of all available supporting documents to your local Child Support Program office. Supporting documentation allows the Child Support Program to proceed with your child support case, including establishing or parentage and establishing, modifying, and/or enforcing your child support order, as appropriate. Supporting documentation also aids the court in determining the income of each parent and the basic child support obligation. **CHECK** (✓) the boxes indicating which documents you are providing.

Please do not send original documents in the mail.

General Documents

Applicant's Identification (e.g., driver license, passport)

Child Support Petitions Order(s) of Support Marriage Certificate Separation Agreement Divorce Decree

Custody Order(s) Order of Protection / Restraining Order Health Insurance Benefit Cards

Summary Plan Descriptions of Health Insurance Benefits Other

Custodial Parent Documents

Recent Paystub Most recently filed Federal Tax Returns and all Schedules W-2

Social Security Card / IRS Letter for ITIN Social Security / Supplemental Security Income Award Letter(s)

Other

Child Documents (for each child)

Birth Certificate Order Establishing Parentage (ex., Order of Filiation, Judgment of Parentage) Acknowledgment of Paternity/Parentage

Affidavit Alleging Paternity/Parentage Social Security Card Proof of Child Care Expenses Proof of Educational Expenses

Proof of Unreimbursed Health Care Expenses Social Security/Supplemental Security Income Award Letter(s)

Adoption Subsidy Agreement (payment between adoptive parents and LDSS) or Placement Agreement (Child placed for purpose of adoption)

Surrogacy/Assisted Reproduction Agreement Other

Noncustodial Parent/Alleged Parent Documents

Social Security Card / IRS letter for ITIN Recent Paystub Most recently filed Federal Tax Returns and all Schedules

W-2 Unemployment Insurance Benefit Notice Social Security / Supplemental Security Income Award Letter(s)

Military Service (DD-214) Incarceration, Probation or Parole Information

Temporary Assistance for Needy Families (TANF) Benefit Notice Proof of MA, SNAP and/or Shelter Residency

Information About Professional, Business, Occupational, Recreational or Driver Licenses

Other